

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**SAMPLE NOTICE: Non-MAGI Request for Additional Information**

Notice Date: 05/15/2023

Account ID: 99999999

JOHN DOE
441 4TH STREET, NW
WASHINGTON, DC 20001

RE: Request for Additional Information

Dear JOHN DOE:

This notice is a follow up to the Medicaid renewal that was submitted on 04/15/2023. The information provided in the renewal could not be verified using electronic data sources. **To make an eligibility decision for Medicaid or other medical assistance programs, we need the following documents or verifications sent to us.**

How Soon We Need Your Documents

In order to process the medical assistance renewal submitted on 04/14/2023, please send or bring in the requested documents by **06/30/2023**. **If the following documents are not received by 06/30/2023, your medical assistance coverage will be terminated. You will receive a separate advanced notice of termination.**

Failure to provide requested information before **06/30/2023** will result in a gap in Medicaid coverage until a decision is made. If you return the documents prior to **06/30/2023** but there is inadequate time for us to process your documents, you may also experience a gap in coverage. To avoid a gap in your coverage, please return the requested additional information immediately to allow time for review of the information needed to make a decision.

Documents Needed

Questions? Call District Direct Customer Service at 1-202-727-5355 or go online to www.districtdirect.dc.gov. **[If Assister/Broker Assigned]** You may also contact <assister/broker organization name> at <assister/broker organization phone>.

To make sure that we have correct and complete information about all the members of your household, please provide some additional documentation. **Scanned or photocopied versions of these documents are acceptable.**

Here is the information that is needed to process the application:

Documents Showing Social Security Number. The Social Security Administration could not confirm that the Social Security Numbers provided for the individuals listed below are correct:

JOHN DOE

Federal law (42 C.F.R. § 435.910) requires that we obtain the Social Security Number of every person who applies for Medicaid and other health coverage through District Direct. The Social Security Number will only be used to verify the information provided on the application. The information provided will be checked in District and Federal databases, the databases of other District agencies, by Federal agencies, and a consumer reporting agency.

You can use a Social Security card to verify the Social Security Number(s) you provided. You may not need to provide a Social Security Number if you have a well-established religious objection. **If the individual(s) does not have a Social Security Number, cannot remember their Social Security Number, if you need help or have any questions, please contact District Direct Customer Service at 1-202-727-5355.**

Documents of Citizenship or Immigration Status. Please provide proof of U.S. citizenship or immigration status for the individuals listed below:

JOHN DOE

How to Prove US Citizenship

Federal Law (42 CFR § 435.407) requires that you use two types of documentation to confirm citizenship status. The two types of documentation are called “primary” and “secondary.” If you provide primary documentation, no other documents are required. If you provide secondary documentation, other identification (ID) is required for verification. Secondary documentation must be accompanied with an identification card that includes a recent photo and other identifying information.

Primary documentation: (Only One (1) is needed)

- U.S. Passport
 - *Note:* Expired passports are acceptable.
- Certificate of Naturalization
- Certificate of Citizenship
- Consular report of Birth Abroad of U.S. Citizen (22 CFR § 50.7)
- A valid Driver’s License from a state that requires proof of citizenship and verification of Social Security Number prior to issuance of the license

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- A tribal document issued by a federally-recognized Indian Tribe, which must:
 - Identify the Tribe issuing the document;
 - Identify the individual by name; and
 - Confirm the individual's enrollment in or affiliation with the Tribe
 - **Examples:** tribal enrollment card, Certificate of Degree of Indian Blood, Tribal Census document

Secondary documentation: (Must Present One (1) of the following, along with ID)

- A U.S. birth certificate showing birth in one of the 50 states, DC, Guam, American Samoa, Swain's Island, Puerto Rico, the Virgin Islands, or the Commonwealth of the Northern Mariana Islands (CNMI). If born in the Puerto Rico, the Virgin Islands, or CNMI prior to the time these areas became part of the U.S., the individual will satisfy the citizenship requirement if he or she is a collectively naturalized citizen.
- A Northern Marianas ID Card, issued to a collectively naturalized citizen, who was born in the Commonwealth of the Northern Mariana Islands before November 4, 1986
- A certification of Report of Birth, issued to U.S. citizens born outside the U.S.
- A Report of Birth Abroad of a U.S. Citizen
- A Certification of Birth in the U.S.
- A U.S. Citizen I.D. Card
- A final adoption decree showing the child's name and U.S. place of birth, or if an adoption is not final, a statement from a state-approved adoption agency that shows the child's name and U.S. place of birth
- Evidence of U.S. Civil Service employment before June 1, 1976
- U.S. Military Record showing a U.S. place of birth
- Documentation that a child meets the requirements of §101 of the Child Citizenship Act
- Medical records that indicate a U.S. place of birth
- Life, health, or other insurance record that indicates a U.S. place of birth
- Official religious record recorded in the U.S. showing that the birth occurred in the U.S.
- School records showing a U.S. place of birth
- Federal or State census record showing U.S. citizenship or a U.S. place of birth
- [Affidavit signed by another individual under penalty of perjury that can attest to the applicant's citizenship. The affidavit must contain the name, date of birth, and place of U.S. birth of the applicant\(s\).](#)

Information We Need to Verify Immigration Status

The documents that you may be able to use to verify your immigration status include, but are not limited to:

- Permanent Resident Card (I-551, also known as Green Card)
 - Alien registration number
 - Card number
- Temporary I-551 Stamp (on passport or I-94, I-94A)
 - Alien registration number
- Immigrant Visa (with temporary I-551 language)
 - Alien registration number

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- Passport number
- Employment Authorization Card (EAD or I-766)
 - Alien registration number
 - Card number
 - Expiration date
 - Category code
- Arrival/Departure Record (I-94 or I-94A)
 - I-94 number
- Arrival/Departure Record in foreign passport (I-94)
 - I-94 number
 - Passport number
 - Expiration date
 - Country of issuance
- Foreign passport
 - Passport number
 - Expiration date
- Country of issuance Reentry Permit (I-327)
 - Alien registration number
- Refugee travel document (I-571)
 - Alien registration number
- Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)
 - Alien registration number or an I-94 number
 - Description of the type or name of the document
- Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)
 - SEVIS ID
- Notice of Action (I-797)
 - Alien registration number or an I-94 number
- Other
 - Alien registration number or an I-94 number
 - Description of the type or name of the document
- You can also list these documents or statuses:
 - Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada. This is considered an eligible immigration status for Medicaid, but not for a Qualified Health Plan (QHP).
 - Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
 - Document indicating withholding of removal
 - Administrative order staying removal issued by the Department of Homeland Security (DHS)
 - Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
 - Cuban/Haitian entrant
 - Resident of American Samoa

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Documents Showing Household Income. Please provide proof of income for the individuals listed below:

JOHN DOE

These documents can include:

- Copies of most recent paystubs for a full month. If income is going to change over the year, we also need an explanation in writing telling us why income will change;
- If employed but do not receive pay stubs, a letter from an employer or a copy of the most recent payments received for a full month such as a check is acceptable;
- Award Letters (such as Civil Service Retirement, Social Security, Railroad Retirement);
- Documentation of any other income;
 - *Example:* for interest, dividends, or annuities, provide documentation from the institution where you have these accounts/resources
 - *Example:* if a family member or friend gives you money regularly to help you pay your expenses, provide a letter from that person and include their contact information
- Documentation of any expected adjustments to income on the federal tax return.
 - Examples are alimony payments, self-employed health insurance payments, health savings account deductions, and moving expenses

Documents Showing Resources. Please provide documents that show proof of resources for the individuals listed below:

JOHN DOE.

These documents can include, but are not limited to the following:

- Bank statements for checking and savings account(s);
- Documents showing the value of any stocks, bonds, annuities, retirement accounts, and other financial investments;
- **[IF Equity Value of the home > \$858,000]** Documents showing the value of your home and any other real property that you may own; and,
- Documents showing the value of the car that you own and any other vehicle(s) that you may own.

Documents Showing Resources Transferred in Past 60 Months. Please provide documents that verify resources transferred in the last sixty (60) months for the individuals listed below:

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These documents can include, but are not limited to the following:

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- Documents showing the value of any stocks, bonds, annuities, retirement accounts, and other financial investments that were sold in the past 60 months (5 years);
- Documents showing the sales price or transfer information for any real or personal property (i.e. your car, home, or large amounts of money) that was sold or transferred to another person in the past 60 months, and;
- Written statement describing the details of any resource or money that was sold or given away.

Documents Showing D.C. Residency. Please provide a document that shows that the individuals listed below live in the District of Columbia:

JOHN DOE

These documents can include but are not limited to:

- A copy of an active lease agreement, certified deed, or mortgage statement with D.C. address in their name,
- A phone or utility bill from within the past two months,
- A signed Proof of DC Residency Form with contact information from another District resident or local non-profit social services provider stating that the applicant lives in the District,
- D.C. Voter Registration Card,
- Non-expired District of Columbia Motor Vehicle Registration or DC DMV Identification Card,
- Cancelled checks or receipts for mortgage or rental payments within the past 2 months,
- Utility bills and payment receipts with D.C. address within the past 2 months,
- Non-expired Automobile insurance statement with D.C. residency address, or
- Self-attestation of residency without paper documentation only in exceptional circumstances, including homelessness and in cases of domestic violence.

Your Medicare eligibility could not be verified with the United States Social Security Administration (SSA). Please provide your Medicare claim number to DHCF. If you do not have a Medicare claim number, then you must submit a Medicare application for Conditional Part A Enrollment in Medicare with SSA to get a Medicare claim number. If you are not entitled to free Part A Medicare through SSA, you may request that your application for Part A Medicare benefits be conditioned on whether we determine you are eligible for DHCF to pay your Medicare premiums under the Qualified Medicare Beneficiary (QMB) Medicaid program. Medicare conditional enrollment allows you to apply for Medicare benefits at any time during the year and, if you qualify for QMB, DHCF will pay your monthly Medicare premiums for you. Once SSA has processed your Medicare conditional enrollment application, you must submit the paperwork you receive from SSA to DHCF. Contact the Health Insurance Counseling Project (202-994-6272) for help with the Medicare conditional enrollment process.

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] Your application did not include a Medical Assessment. A Medical Assessment is a required eligibility factor. Please provide a completed Medical Assessment for:

JOHN DOE

If you need another copy of the forms or think you will not be able to send the requested documents because of circumstances outside of your control, please contact the DC Department of Human Services (DHS) at (202) 727-5355 or visit any of the service centers. If you need help, DHS will work with you.

How to Submit Your Documents

You can send the necessary documents either through fax, U.S. Postal mail, online or in-person. Please refer to the attached information sheet.

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